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ABSTRACT

This curriculum package on completing workplace forms is a product of the Workforce 2000 Partnership, which combined the resources of four educational partners and four industrial partners in Alabama, Georgia, and South Carolina to provide education and training in communication, computation, and critical thinking to employees in the apparel, carpet, and textile industries. After a brief overview of the Workforce 2000 Partnership, the curriculum package's contents are described. Presented next is a curriculum guide for a course in completing workplace forms for new employees. Included in the curriculum guide are the following elements: module title; author; job title; general instructional objective; overall time; and specific instructional objectives, list of required resources and materials, and suggested learning activities and evaluation activities. Next, a lesson plan is provided that contains detailed instructions for conducting the guided practice, applied practice, and closure activities. The activities provided are designed to teach learners to read, understand, and complete occupation-specific forms. Concluding the document are handouts, transparencies, tests and a sample individual education plan. (MN)

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ED 424 468

Patterns for Success: Completing Workplace Forms (P7)

EDUCATION PARTNERS	INDUSTRY PARTNERS
Enterprise State Junior College	CMI Industries, Inc.
MacArthur State Technical College	Opp & Micolas Mills
Southeast Alabama Adult Network	Pridecraft Enterprises
Laurens County Literacy Council	Shaw Industries

The Workforce 2000 Partnership combines the resources of educational and industrial partners to provide education and training in communication, computation and critical thinking skills to employees in the apparel, carpet and textile industries. The project is funded by a US Department of Education National Workplace Literacy Program grant awarded over three years to Enterprise State Junior College in the amount of $2,243,470 (70%) with committed private sector matching funds of $961,487 (30%), bringing the total program resources to $3,204,957. The activities of the Partnership do not necessarily represent the policy of the Department of Education, and you should not assume endorsement by the Federal Government. Participation by the education or industrial partners in the project should also not be construed as endorsement by the Government of any of the partners' products.

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INTRODUCTION

The Workforce 2000 Partnership is a network of industries and educational institutions that provides training in communication, computation, and creative thinking to employees in the textile, apparel, and carpet industries. The Partnership serves line employees and first-line supervisors at 15 plants in Alabama, Georgia, and South Carolina. The curricula for these topics is developed by the educational partners, which include a junior college, a technical college, and two adult education/literacy programs.

The Partnership uses functional context curricula to teach the topics listed above. This introduction will describe how the curriculum is developed, the contents of this curriculum package, and how to involve learners in the educational process.

CURRICULUM DEVELOPMENT

Before writing curriculum, instructors must know what employees need to learn. An instructional need is defined as the difference between what workers know and what the job requires. Project staff employ a variety of methods to analyze the duties and tasks of the jobs, as well as what kinds of communication, computation, and creative thinking skills are required. The analyses include interviewing exemplary workers; observing these workers on the job; interviewing groups of workers who perform the same or very similar jobs; reviewing documents such as job descriptions, handbooks, signs, memoranda, etc; interviewing supervisors and managers; and structuring surveys to be completed by workers, supervisors, and managers. During the analyses, the curriculum developer will also look for skills that the worker must perform to be considered for promotions.

Needs assessment is a vital part of the curriculum development process because the educator must fully understand what a worker does in order to determine what the worker must learn. As the needs assessment process continues, the educator also collects numerous documents to use as materials for instruction. The use of work-specific materials for instruction is what sets workplace education apart from other types of adult education. These materials allow skills to be learned in the classroom and more readily transferred to the plant floor. Therefore, reading skills improvement takes place as the worker is reading and comprehending the employee handbook; math skills improvement happens while the worker is computing percentages for production; and thinking skills improve as the worker is learning to work as a team member.

CONTENTS OF THIS CURRICULUM PACKAGE

The Curriculum Guide

The curriculum guide provides a quick view of all the major components of the curriculum. The job title for which the curriculum was originally developed and field tested is given in the upper left hand corner under the name of the curriculum module. Next is the General

Instructional Objective that defines the major purpose of the curriculum. The Overall Time is listed to estimate the amount of time that should be devoted to the entire module.

The chart is used by reading across the columns to match the Specific Instructional Objective with the estimated amount of time required, the Learning Activities, Resources required for the activities, and the Evaluation method used to assess achievement of the specific objective. The instructor should carefully review the column on Resources / Materials to ensure that necessary items are readily available. Copyrighted materials may be referenced in the Resources section of the Curriculum Guide; however, no copyrighted material has been duplicated and placed in this module.

Sequencing Learning Activities

Project staff use a model of instructional sequencing adapted from *Literacy at Work* by Jori Phillipi[1]. In this model, the instructional sequence begins with an activity designed to invite the learners into the learning process. This activity will allow the learners to bring to mind past learning and experiences in a way that will facilitate the learning of new information. The activity may come from the workplace or from other real-life situations.

Once the new information has been presented, learners participate in activities designed to practice skills clustered in increasingly larger chunks. These skills are then applied to situations from the workplace to maximize the transfer of the skills learned. A closure activity provides for review and assessment of the skills learned and may also identify needs for further learning.

Lesson Plan

The Lesson Plan contains the detailed explanation of the activities referenced on the Curriculum Guide. Note that the numbering system for the activities is the same on the Curriculum Guide and in the Lesson Plan. In reviewing the Lesson Plan, the instructor should look for places where more appropriate work-specific items can be substituted. This substitution customizes the curriculum for the specific work site and makes the learning activities more meaningful for the learners involved.

Handouts, Transparencies and Tests

The Lesson Plan may require that handouts and/or transparencies be used in teaching the module. If so, these items are located behind the Lesson Plan in the curriculum package and are designated as Handouts or Transparencies in the header at the top of the page. If a pre- and post-test (called Preview and Review) are a part of the module, these will also be found in the Handouts section.

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[1] Phillipi, Jori. *Literacy at Work: The Workbook for Program Directors*. New York: Simon & Schuster Workplace Resources, 1991.

Including Learners In The Educational Process

It is essential to provide opportunities for the adult learners to recognize their place in the educational process. The first step in the process is the asssessment of the learner's skills and needs which is performed jointly by the learner and the instructor. This assessment becomes a part of the learner's Individual Education Plan (IEP). The IEP forms used by the Partnership are contained in this module. The IEP provides for collection of demographic data, evaluation of learner's skills and needs, and an outline of the activities in this module.

Every activity contains opportunities for evaluation, and, as much as possible, the learners perform the evaluation themselves. As curriculum is written, a page is developed for the learners to use to follow the sequence of activities and to document their performance. This page, called the Learner's Page, becomes a part of the IEP.

Frequently, pre- and post-tests (referred to as Previews and Reviews) are administered as a part of the evaluation process. Learners participate in scoring these tests and write their scores on their pages. To vary the assessment methods, the learners may be asked to rate themselves on their ability to perform certain skills, to write a phrase or statement that expresses their belief about their learning, or to specify what skills need more practice.

The purpose for including the learners in the evaluation process is to help them understand that assessment is reflective, constructive, and self-regulated. The learners, having participated in an ongoing needs assessment process, understand why they are participating in the learning activities. Therefore, including them in the evaluation of the learning gives them opportunities for relearning, synthesizing, and applying the skills.

Written self-evaluative comments on the Learner's Page also provide opportunities for communication between the learner and the instructor. This type of assessment is teacher-mediated (*i.e.* usually done when instructed by the teacher), ongoing, and cumulative. The Learner's Page is filed in his or her folder which is regularly reviewed by the instructor. During the reviews, the instructor may write comments in response to those made by the learner.

The goal of this curriculum is to enable learners to transfer classroom academic learning to the plant floor thereby improving productivity and efficiency. This curriculum will be most effective if the instructor customizes the curriculum to the specific worksite.

For more information about the project or the curricula contact:

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Curriculum Guide

Module: Completing Workplace Forms
Job Title: New Hires

Author: Ann Bennett

General Instructional Objective: The learner will utilize occupational specific forms.
Overall Time: 45 minutes

Specific Instructional Objective	Time	Learning Activities	Resources/Materials	Evaluation (Process/Status)
II. B. 100 Record date, time, and other requested information on work forms, charts, and graph.	5 min.	1.1 Motivational Activity • Compare and discuss the differences between Sample Form A and Sample Form B. • As a class generate reasons why it is important to fill out all forms carefully and accurately	Sample Forms A and B Overhead Projector	Observation of students' ability to point out the mistakes in the sample form.
	5 min.	1.2 Instructional Activity • Discuss guidelines for completing forms. • Questions to ask when completing forms.	Guidelines Transparency	Observation
	10 min.	1.3 Instructional Activity • Complete Coopersmith Inventory • Complete Individual Education Plans	I.E.P. Forms Transparency Coopersmith Inventory I.E.P. Forms	Completed I.E.P. Form and Coopersmith Inventory

Specific Instructional Objective	Time	Learning Activities	Resources/Materials	Evaluation (Process/Status)
RELATED OBJECTIVE I. A. 100 Read and interpret general vocational vocabulary.	5 min.	1.4 Instructional Activity Review W-4 vocabulary	Sample W-4 Form	Students' responses to discussion questions.
	5 min.	1.5 Instructional Activity Discuss Employment Eligibility Verification Form	Employment Eligibility Verification Form.	
	10 min.	1.6 Instructional Activity • Discuss the Accident Investigation Report Form. • Applied Practice - Sample Accident Investigation Form.	Accident Investigation Report Form Accident Situation	Correctly completed Accident Report Form.
	5 min.	1.7 Closure Activity Review guidelines for completing forms.		Correctly filled out forms on file.

Materials Needed

Student Handouts

1. Guidelines for Completing Forms
2. Coopersmith Inventory
3. I.E.P. Forms
4. Sample W-4 Forms
5. Sample Employee Verification Forms
6. Accident Situation
7. Accident Investigation Report Forms

Instructor Materials

1. Sample Forms A and B (transparencies)
2. Guidelines for Completing Forms (transparency)
3. Employment Verification Form (transparency)

Lesson Outline

I. Compare and contrast sample forms A and B (W-4)

II. Discuss guidelines for completing forms

III. Student complete Coopersmith and I.E.P.

IV. Discuss W-4 Form and vocabulary

V. Discuss Employment Verification Form

VI. Students complete Accident Investigation Form

VII. Discuss resources and complete section three of Motivation handout

VIII. Closure discussion

LESSON PLAN

1.1 Motivational Activity - 5 minutes

1. Show students sample form A and sample form B. (Use a overhead transparency or handouts). A is filled out completely, accurately and neatly. B is incomplete and incorrect.
2. Generate ideas as to why it is important to complete all forms carefully and accurately. The instructor will provide feedback as to the appropriateness of responses given.

1.2 Instructional Activity - 5 minutes

1. Discuss the following points to remember when completing forms:
   - Read the complete document before you sign anything.
   - Complete all blanks, fill in N/A where appropriate
   - Use ink unless you are told to use pencil.
   - Be sure that all information you are providing is accurate.
   - Write legibly so that information can be easily read. In most cases, print everything except your signature.
   - If you make an error, correct it by making one line through the error. Initial and date the change.
   - Sign all forms that require your signature.
2. Explain to students that using the guidelines above will help them to correctly complete a form. The next step in learning to complete forms correctly is to be able to ask questions. Discuss the following questions that one should be able to answer when completing forms in the workplace.
   - Who needs this form?
   - What information is needed to complete the form?
   - When does the form need to be completed?
   - Where do I turn the form into? Where do I sign my name?
   - Why does this form need to be completed?
   - How do I know if I have filled the form out correctly?

Explain to students that knowing the answers to these questions helps to see the importance of filling out the forms correctly and completely.

1.3 Instructional Activity - 10 minutes

1. Introduce the Coopersmith Inventory. Read each item on the front of the form that the students are to complete: name, age, institution, sex, occupation and date. Fill in a copy on the overhead. Instruct students to fill in their copy as the sample is being completed. Stress the importance of following directions and not skipping ahead when completing paperwork. Allow students time to complete the Inventory questions individually.

2. Show students a copy of the I.E.P. on the overhead. Explain that the I.E.P. is an educational plan that will be used for this course. Point out the objectives that will be

meet by the class. Explain that the information on the first two pages is needed in order to better serve each student and the information is confidential. Discuss the I.E.P. process and give students a copy of the I.E.P. process handout.

3. Review each section of the I.E.P. and instruct students to fill in the required information.

4. Ask students to go back over the I.E.P. and check to see that they filled in all the required information and have signed the form in all places needing signatures.

1.4 Instructional Activity- 5 minutes

1. Using an overhead, show students a copy of a W-4 Form. Explain that the W-4 Form is used to determine the amount of federal income tax that will be withheld from your pay. Discuss W-4 vocabulary.
   1. Exempt or Exemption - means that you do not need to have income tax withheld. You must meet all the conditions under line 7. Have students read the conditions under line 7.
   2. Withholding Allowances - conditions that apply to you, such as, having dependent children or filing as "head of household," that are reasons for having less taxes withheld from your paychecks. Completing the "personal allowance worksheet" on the W-4 tells you how many allowances you can claim.
   3. Dependents - people you support financially such as a spouse or children.
   4. Liability - something you are legally responsible for paying.

2. Ask students to answer the following questions about the W-4 form: (Give students the sample W-4)

   - **How many allowances can you claim?** (To find the answer to this question students must read through lines A through G in the Personal Allowances Worksheet section.)

   - **What would make you exempt from income tax withholding?** (A person is exempted if you had a right to a refund of all federal income tax last year and expect a refund of all federal income tax this year because you expect to have no tax liability. Instruct students to read number 7 at the bottom of the W-4 form for more information.)

1.5 Instructional Activity- 5 minutes

1. Show students a copy of the Employment Eligibility Verification (I-9) Form on the overhead or a handout. Explain that this form is used to show that the employee is legally eligible to work in the United States. The government requires that all paid employees fill out this form.

2. Ask students to answer the following questions about the I-9:

- **Which section of this form is to be completed by you, the employee?** (section 1)

- **Which section of this form is to be completed by your employer?** (section 2)
- **Where do you (the employee) sign your name?** (bottom of section 1)
- **What documents can the employee use to show he/she is legally eligible to work in the United States?** (one document from list A, or one document from list B and one document from list C)

1.6 Instructional Activity- 10 minutes

1. Show students an overhead copy (or handout) of the Accident Investigation Report Form. Discuss that since this a form it needs to be complete using the guidelines for filling out forms that were discussed earlier.
2. Determine the information students would need to complete the form correctly. Discuss the following information that is needed to complete the accident investigation form:

    - **When** - When did the accident happen and when did you report the accident? When does the form need to be completed?
    - **Where** - Where did the accident happen? Where do I return the form? Where do I sign my name?
    - **How** - How did the accident happen? How do I know if I've filled out the form correctly?
    - **Who** - Who else was present at the time of the accident? Who needs this form?
    - **To Whom** - To whom did you report the accident?
    - **Why** - Why does this form need to be completed?

3. Distribute a copy of the "Accident Situation" handout to each student.
4. Instruct students to read the paragraph and select the details that would be needed order to complete the Accident Investigation Report.
5. Distribute a blank accident investigation form to each student and instruct them to use the information from the Accident Situation handout to complete the Accident Report Form.

1.7 Closure Activity- 5 minutes

1. Ask students to look at their completed Accident Investigation Form. Instruct students to check the completed form to make sure they followed the guidelines discussed earlier. Review the following guidelines as students check their work:
    1. Read the complete document before you sign anything.
    2. Use ink unless the directions state not to.
    3. Complete all blanks, fill in N/A where appropriate.
    4. Be sure that all the information you are providing is appropriate.
    5. Write legibly so that the information can be easily read. Print unless told to do otherwise.
    6. If you make an error, correct it by making one line through the error. Initial and date the change.
    7. Sign all forms that require your signature.

References:

Contemporary's Essential Skills for the Workplace Level 1, by Contemporary books, p. 8-10.

ACCIDENT SITUATION

Suzy Seamstress had been employed at Pridecraft for over 5 years as of May 7, 1995. Suzy was usually very safety conscious and had never been involved in an accident on the job. On May 7, 1995, Suzy was working on her machine when a needle broke at 2:46 p.m.. In a hurry, Suzy started to change the needle. As she was changing the needle, she leaned against the electrical eye causing the machine to start sewing. The needle sewed through Suzy's pointer finger. The needle made a one-inch long cut on her finger and punctured the fingernail. A work handler saw the accident as it occurred. Suzy told her supervisor, Gayle Garment, about the accident immediately (2:48 p.m.). Suzy was taken to Dr. Kirk's office at 101 E. Brunson, Enterprise, AL 36330. She later saw her family doctor, Dr. Smith at 304 Main St., Enterprise, AL 36330.

GUIDELINES TO FOLLOW WHEN COMPLETING A FORM

1. **Read the complete document before you sign anything.**
2. **Complete all blanks, fill in N/A where appropriate.**
3. **Use ink unless you are told to use pencil.**
4. **Provide accurate information.**
5. **Write legibly, in most cases print everything except your signature.**
6. **Use one line through the error to make corrections. Initial and date all changes.**
7. **Sign all forms that require your signature.**

College: ESJC____ MSTC_____ **WORKFORCE 2000 PARTNERSHIP** Revised 5/96
Course#:_____ **INDIVIDUAL EDUCATION PLAN** Date:_____
Level:_____

Name:_____Male:___Female:___Age:____Birthdate:_____

Street:_____Social Security#:_____

City:_____State:_____Zip:_____Phone#:(____)_____

Classification: In-State Student___Out-of-State Student___(State)_____International Student___ (Country)_____

Mark Only One: Civilian____Active duty____Retired Military____Military dependent____

Race: White___Hispanic___Asian___Black___American Indian ____Pacific Islander ____Alaskan Native ___Other(Specify)_____

Marital Status: Single____Married____Separated____Divorced____Widowed____

Number of Children Living with You:_____

Employer:_____**How Long?**_____**Job Title:**_____

How many hours per week do you work this job?_____**Do you have more than one job?**_____

Please rate your ability to perform each of the following activities.(P=Poor, F=Fair, G=Good, E=Excellent):

Read English____ Understand English____ Speak English____ Write English____

Work as part of a team____ Use Math Solve problems/use reasoning____

Which of the following are required for your job? (Check all that apply)

Read Instructions_____ Speak English_____ Receive Spoken Instruction in English_____

Write English_____ Use Math____ Solve Problems____ Team work____

What are your vocational goals? Immediate_____Long Range_____

Circle the highest grade you completed: 0 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18

Last school attended:_____

What are your educational goals? (Check all that apply)

Improve skills for current job___ Improve skills for changing technology/future jobs____

Improve reading/writing/math___ Improve problem solving/critical thinking___ Improve speaking/listening____

Improve English(for non-native speakers)___ Pass GED tests___ Other(specify)_____

How would you like to be contacted? Through supervisor___Call at home___Letter___Other_____

WORKFORCE 2000 PARTNERSHIP (IEP)

Name of Course: Completing Workplace Forms
Date of Course: _____

Name: _____
Employer: _____

GOAL	INSTRUCTIONAL OBJECTIVES	LEARNING ACTIVITIES	PREVIEW/REVIEW SCORE	EVALUATION COMMENTS
• Improve skills for current job	Record date, time, and other requested information on work forms, charts, and graphs	1. Compare Sample Forms 2. Generate reasons why it is important to fill out forms correctly 3. Discuss guidelines for completing forms		
• Improve skills for changing technology/future jobs		4. Discuss questions to ask when completing forms 5. Guided Practice: 1. Complete Coopersmith Inventory 2. Complete Individual Education Plans		
• Improve reading/ writing/ math	Read and interpret general vocational vocabulary	1. Review W-4 vocabulary 2. Discuss Employment Eligibility Verification Form and Accident Investigation Report Form		
		3. Applied Practice: Sample Accident Investigation Form 4. Closure Activity - Review guidelines for completing forms		

_____
Employee Signature Date

_____
Instructor Signature

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers CANNOT specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
  - record the document title, document number and expiration date (if any) in Block C, and
  - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to both the Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536, and the Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D.C. 20503.

EMPLOYERS MUST RETAIN COMPLETED I-9
PLEASE DO NOT MAIL COMPLETED I-9 TO INS

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U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following)
- ☐ A citizen or national of the United States
- ☐ A Lawful Permanent Resident (Alien # A _____)
- ☐ An alien authorized to work until ____/____/____ (Alien # or Admission # _____)

Employee's Signature | Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature | Print Name

Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date (if any):	___/___/___		___/___/___		___/___/___
Document #:					
Expiration Date (if any):	___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative | Print Name | Title

Business or Organization Name | Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name (if applicable) | B. Date of rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Date (month/day/year)

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ACCIDENT INVESTIGATION REPORT
(To Be Completed By Employee)

Name _____

What Was Your Job at the Time of the Accident? _____

When Did the Accident Happen? _____ _____
Date Time

Where Did the Accident Happen? _____

How Did the Accident Happen? _____
_____
_____
_____

Describe Your Injuries _____
_____
_____
_____

Who Else Was Present When the Accident Happened? _____
_____

To Whom Did You Report the Accident? _____

When Did You Report the Accident? _____ _____
Date Time

What is the Name and Address of Your Family Doctor?

_____ _____
Name Address

What is the Name and Address of Every Doctor or Hospital Which Has Treated you For This Injury?

_____ _____
Name Address

_____ _____
Name Address

_____
Injured Employee

_____
Date

Form W-4 (1995)

Want More Money in Your Paycheck?
If you expect to be able to take the earned income credit for 1995 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

***Note:** You cannot claim exemption from withholding if (1) your income exceeds $650 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1995?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed $150,000 (Single) or $200,000 (Married). Call 1-800-829-3676 to order Pub. 919. Check your telephone directory for the IRS assistance number for further help.

Personal Allowances Worksheet

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A ____

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less. . . B ____

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld) . . . . . C ____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D ____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household** above) . E ____

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F ____

G Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return ▶ G ____

For accuracy, do all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line G on line 5 of Form W-4 below.

. . . . . Cut here and give the certificate to your employer. Keep the top portion for your records. . . . . .

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

1995

1 Type or print your first name and middle initial | Last name | 2 Your social security number

Home address (number and street or rural route) | 3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate. *Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code | 4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card . . . . . ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) . | 5

6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 $

7 I claim exemption from withholding for 1995 and I certify that I meet **BOTH** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here . . . . . ▶ | 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ **Date** ▶ , 19

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) | 9 Office code (optional) | 10 Employer identification number

Cat. No. 10220Q

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Form W-4 (1995)

Want More Money in Your Paycheck?

If you expect to be able to take the earned income credit for 1995 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7, but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

Note: *You cannot claim exemption from withholding if (1) your income exceeds $650 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic Instructions. Employees who are not exempt should complete the Personal Allowances Worksheet. Additional worksheets are provided on page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

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Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, you can use Pub. 919, Is My Withholding Correct for 1995?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. We recommend you get Pub. 919 especially if you used the Two Earner/Two Job Worksheet and your earnings exceed $150,000 (Single) or $200,000 (Married). Call 1-800-829-3676 to order Pub. 919. Check your telephone directory for the IRS assistance number for further help.

Personal Allowances Worksheet

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A 1
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B 1
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C 0
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D 2
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household** above)	E 1
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F 0
G	Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return ▶	G 5

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

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Form **W-4** — Department of the Treasury — Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

1995

1 Type or print your first name and middle initial: Joe T — Last name: Jones — 2 Your social security number: 394 88 4675

Home address (number and street or rural route): 524 ~~Walter~~ 53 Christmas Dr.

City or town, state, and ZIP code: Enterprise, AL 36330

3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) — 5

6 Additional amount, if any, you want withheld from each paycheck — $ 0

7 I claim exemption from withholding for 1995 and I certify that I meet **BOTH** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ Joe T. Jones — Date ▶ Apr. 19, 1995

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) — 9 Office code (optional) — 10 Employer identification number

Cat. No. 10220Q

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Form W-4 (1995)

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Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, complete line 7; but do not complete lines 5 and 6.* No Federal income tax will be withheld from your pay. Your exemption is good for 1 year only. It expires February 15, 1996.

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Personal Allowances Worksheet

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B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B 1
C	Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C 0
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D 2
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household** above)	E 1
F	Enter "1" if you have **at least $1,500 of child or dependent care expenses** for which you plan to claim a credit	F 0
G	Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return ▶	G 5

For accuracy, do all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $30,000 OR if you are **married** and have a **working spouse or more than one job,** and the combined earnings from all jobs exceed $50,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form **W-4** — Department of the Treasury, Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ For Privacy Act and Paperwork Reduction Act Notice, see reverse.

OMB No. 1545-0010

1995

1 Type or print your first name and middle initial: [redacted] Joe T — Last name: Jones

2 Your social security number: 888 46 [illegible]75

Home address (number and street or rural route):

3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, state, and ZIP code: Enterprise, Al 36330

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) 5

6 Additional amount, if any, you want withheld from each paycheck $

7 I claim exemption from withholding for 1995 and I certify that I meet **BOTH** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶

Date ▶ April 9, 1995

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS) ▶

9 Office code (optional)

10 Employer identification number

Cat. No. 10220Q

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